PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (871)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if a ere as for

appropriate. All further indicated unless correc maintenance fee notific	r correspondence includ- ted below or directed or ations.	ng the Patent, advance of herwise in Block 1, by (orders and notification of (a) specifying a new corre	maintenance fees v spondence address	will be mailed to the current and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
758		6/2007					
FENWICK & WEST LLP				I hereby certify that this Feeds Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Sup ISSUE FEE address above, or being facsimile transmitted to the USFTO (5/1) 273-2885, on the date indicated below.			
SILICON VALLEY CENTER				les Postal Service v	with sufficient postage for fir Stop ISSUE FEE address	st class mail in an envelope above, or being facsimile	
801 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041				smitted to the USP	TO (571) 273-2885, on the o	ate indicated below.	
	22.11, 0.12, 10.12					(Depositor's name)	
			-			(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			(Date)	
09/963,688	09/27/2001				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
U9903,088 09/27/2001 Kirsi Maanssari (nee: Savola) 25741-12519 8995 TITLE OF INVENTION: CHANGING OF CHANNEL CAPABILITIES							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
PHAN, MAN U		2616	370-395000				
 Change of correspond CFR 1.363). 	ence address or indicatio	n of "Fee Address" (37		or printing on the patent front page, list			
CPR (1963) Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of up to 3 registered patent attorneys or agents OR, alternatively.							
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2-repistered attorney or agen) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		TO BE PRINTED ON 1					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Understand as a seignee is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set lifes the in 37 CFR 511. Completion or this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Wi-LAN,	AN, Inc. Ottawa, Ontario, Canada						
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Co	moration or other private gro	on entity Government	
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reacon): any payment parties and a feet of the parties of the							
57)				f Fcc(s): (Please first reapply any previously paid issue fee shown above) is enclosed.			
Publication Fcc (N		Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2555 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)							
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Facini and/Irademant Office.							
Authorized Signature Date Oct. 5, 2007							
Typed or printed name	Robert A.	Hulse					
This collection of information is required by 3 TCFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is generated by 3 USC. 122 and 3 CFR. 14. This collection is estimated to take 12 maintees to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending understanding the completed application form to the USPTO. Time will vary depending understanding the process of the complete control of the complete control of the control of the complete control of the complete control of the control							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.